

SENATE BILL REPORT

SB 5484

As of February 28, 2009

Title: An act relating to developmental screening for children.

Brief Description: Concerning developmental screening.

Sponsors: Senators Marr, Roach, Keiser, Tom, Hobbs, Kline, Oemig, Franklin, Shin, Kilmer and Kauffman.

Brief History:

Committee Activity: Health & Long-Term Care: 2/16/09, 2/19/09 [DPS-WM, w/oRec].
Ways & Means: 2/27/09.

SENATE COMMITTEE ON HEALTH & LONG-TERM CARE

Majority Report: That Substitute Senate Bill No. 5484 be substituted therefor, and the substitute bill do pass and be referred to Committee on Ways & Means.

Signed by Senators Keiser, Chair; Franklin, Vice Chair; Fairley, Marr and Murray.

Minority Report: That it be referred without recommendation.

Signed by Senators Pflug, Ranking Minority Member; Becker and Parlette.

Staff: Mich'l Needham (786-7442)

SENATE COMMITTEE ON WAYS & MEANS

Staff: Elaine Deschamps (786-7441)

Background: The Department of Social and Health Services (DSHS) administers the medical assistance programs, including Medicaid and the State Children's Health Insurance Program (SCHIP). Services for children include Early and Periodic Screening, Diagnosis and Treatment (EPSDT) which includes regularly scheduled examinations to identify physical and mental health problems through physician surveillance. If a problem is detected, the diagnosis and treatment must be covered.

Research shows that the most reliable and valid approach to identify children at risk for delays is through a standardized developmental screening tool. A number of standardized screening tools exist and professional medical organizations suggest patient surveillance and

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screening should happen frequently throughout infancy. The American Academy of Pediatrics recommends formal screening at 9, 18, 24 or 30 months, while the American Academy of Neurology recommends use of the screening tools at each visit.

Summary of Bill (Recommended Substitute): DSHS must select developmental screening tools consistent with nationally-accepted pediatric guidelines, develop a recommended schedule for administering the developmental screens, and reimburse providers using the tools effective July 1, 2011.

EFFECT OF CHANGES MADE BY HEALTH & LONG-TERM CARE COMMITTEE (Recommended Substitute): DSHS may select more than one developmental screening tool.

Appropriation: None.

Fiscal Note: Available.

Committee/Commission/Task Force Created: No.

Effective Date: Ninety days after adjournment of session in which bill is passed.

Staff Summary of Public Testimony on Original Bill (Health & Long-Term Care):
PRO: The adoption of a development screen is a critical component to identifying developmental delays. The use of surveillance to identify developmental delays typically identifies about 30 percent, but the developmental screening tool more successfully identifies 70-80 percent of developmental delays. The earlier identification is critical for initiating early intervention, which will lead to savings for society. Eighty percent of states' Medicaid programs pay for the use of a development screening tool, and Washington is a step behind on this. The screen is not the same as the surveillance provided through the EPSDT. We have some concerns with the phrase in the bill that suggests a tool should be selected. There are multiple screening tools that are appropriate and validated for accuracy and quality and we would like the language to allow use of more than one tool.

Persons Testifying (Health & Long-Term Care): PRO: Senator Marr, prime sponsor; Neil Kaneshiro, Washington Chapter of American Academy of Pediatrics; Teresa Mosqueda, Children's Alliance.

Staff Summary of Public Testimony (Ways & Means): PRO: The use of developmental screens as a means of early detection will save money in the long run.

Persons Testifying (Ways & Means): PRO: Laurie Lippold, Washington Academy of Pediatricians; Theresa Mosqueda, Children's Alliance, Health Coalition for Children and Youth.